OMB No. 6900-0023 Expires: 09/2006

U.S. DEPARTMENT OF COMMERCE Office Of The Secretary



BUSINESS MISSION APPLICATION

GULF COAST BUSINESS INVESTMENT MISSION

Information provided to the Department of Commerce in connection with the business mission may be made publicly available. However, to the extent allowed by law, including the Freedom of Information Act, the Department will withhold any information that it determines to be confidential commercial information, the disclosure of which would be likely to cause Company/Participant substantial competitive harm. To assist in our determination, please identify the information you believe meets those criteria.

In providing information in this application, please feel free to attach additional pages as necessary.

one and E-mail (if different from #1):
zation's Web Address:
zation's Telephone, Fax, and E-mail Address:
pproximate):
any/Organization:
(i.e., product or service):

*Attachments requested in items # 3 and # 4 can be submitted via e-mail (obl@doc.gov) or by fax (202-482-4054).

The U.S. Department of Commerce is authorized to collect this information under 15 U.S.C. 1512, Reorganization Plan No. 3 of 1979 (5 U.S.C. Appendix 1). We use this information to determine whether or not the applicant should be selected to participate in the business mission, as set forth in the mission statement.

Although you are not required to respond, no agreement may be concluded for the Company's/Organization's participation in a U.S. Department of Commerce business mission unless a completed Business Mission Application has been received. If information is not provided, the Department may either reject the application or take the lack of information into account when it evaluates the applications relating to the mission.

Following the completion of a business mission, the business mission file is available to the public. Information provided by applicants that would be protected against disclosure under the Freedom of Information Act, and other types of information exempt from disclosure, will be redacted from the publicly available files.

The Paperwork Reduction Act of 1995. Not withstanding any other provision of law, the Paperwork Reduction Act of 1995 says that no one is required to respond to a collection of information unless it displays a valid OMB control number, which for this form is 0625-0147. The required to complete this information is estimated to be 30 minutes per response, including time to review instructions, search data resources, gather data needed, and complete and review the information collection. If you have comments about this burden estimate or any other aspect of this collection of information, including suggestions for improving this form or reducing this burden, please write to: Reports Clearance Officer, Office of the Secretary, U.S. Department of Commerce, Room 6611, 14th Street and Constitution Avenue, N.W., Washington, DC 20230.

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MISSION-RELATED INFORMATION 13. Does the Company/Organization have investments in the state(s) and/or region? Yes No 13.a. If yes, please provide a brief description of the Company's/Organization's activities in the state(s) and or region targeted by this mission:
13.a. If yes, please provide a brief description of the Company's/Organization's activities in the state(s) and or region targeted by this mission:
14. Please briefly describe your company's area of interest in the state(s) and/or region:
15. Please describe your goals for this mission:
CERTIFICATIONS
In connection with its participation in this business mission, Company/Organization certifies that:
(A) Company/Organization has identified to the Department of Commerce for its evaluation any business pending before the Department of Commerce that may present the appearance of a conflict of interest: Yes No
(B) Company/Organization has identified any pending litigation (including any administrative proceedings) to which it is a part that involves the Department of Commerce: Yes No
(C) Company/Organization meets the minimum requirements as stated in the Mission Statement: Yes No
The undersigned hereby certifies that the information provided above is true and correct.
Signature of Duly Authorized Company/Organization Representative Date
Print Name and Title of Signatory

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